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PROLAPSE OF THE FUNIS.

[Read before the Norfolk (Mass.) District Medical Society, July 10th, 1867, by CHARLES E. STEPMAN, M D. of Dorchester.]

At half past twelve in morning of June 19th, I was called to Mrs. C. D., a thick set little woman, 22 years old, in labor for twelve hours with her first child. On examination, the forefinger just reached the head which was high up, and something presented within the unbroken membranes. The os being well dilated, the waters were evacuated, and the bunch in advance of the head proved to be, as conjectured, the entire cord, pulsating and rolled up into a tight ball of the size of the fist; the head was in the first position. The patient was requested to take her position on the elbows and knees, which she readily did when the necessity for the posture was explained. After carrying the right hand into the vagina, I succeeded, by a little manipulation, in returning the whole cord behind the ear of the fetus. The hand was kept on the aperture where the cord had disappeared till two slight pains had occurred, and after twenty minutes the woman was released from the constrained posture, and allowed to come over on her left side. There being no further appearance of the cord, and the pains being feeble and slow, she was allowed to leave the bed and walk about the room. In two or three hours the contractions of the womb grew vigorous, and after a very hard labor she was delivered at one o'clock of a large, live boy.

It may be unnecessary to state that this treatment of prolapse of the funis is the "postural treatment" of Dr. T. Gaillard Thomas, and has already given a large proportion of successful cases: if there have been any failures, I have not seen them reported, though several favorable results have been detailed in the journals.

Dr. Churchill says that more than one half the children are lost in cases of prolapse of the cord. If the accident is so fatal, the profession owes much to Dr. Thomas for pointing out so simple a remedy as the taxis combined with such a posture of the patient as

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will allow the weight and slippery nature of the funis to rectify the presentation. Version, unless performed immediately after the rupture of the membranes, is generally fatal to the child and is not always safe for the mother, while the operator's trouble is thrown away if the child is not born rapidly. Late writers mention Dr. Thomas's practice, but do not give him all the credit he seems to deserve. Dr. Bedford says in a foot-note that he "should not omit to mention an ingenious plan suggested by Dr. T. Gaillard Thomas for the reposition of the cord." Dr. Hodge says, "it may be well to follow the suggestion of Dr. Thomas . . . this probably is an effectual method . . . should it fail, some of the numerous expedients which have been proposed may be adopted."

Dr. Bedford further:—"I have very little confidence in any of these contrivances. They may sometimes succeed in dexterous hands, but very frequently they fail. . . It is amusing to hear the facility with which the reposition of the funis can be effected. But, gentlemen, it is one thing to talk and quite another to act."

My friend, Dr. W. C. B. Fifield, tells me that in two cases of prolapsed funis, after unsuccessful attempts to replace it, he had performed version and delivered dead children. Not long ago he was called to a case where a midwife was in charge: he found a soft and dilated os, through which the cord depended, pulsating. Placing the patient on her elbows and knees he carried the cord above the presenting head by his hand introduced into the vagina, administered ergot, and kept the funis back with his hand till the head plugged the brim of the pelvis. The child, though born with little pulsation, responded to treatment in a half an hour, rewarding the Doctor's exertions by a gasp, and is now living.

It is to be borne in mind that a position on the *hands* and knees does not give slant enough to the plane, which must be inclined as much as possible by the patient's resting on her elbows or even shoulders, while if needful a pillow may be placed under her knees, to elevate the hips: and I have heard of a woman's shoulders reposing on a chair while her knees remained on the bed.

If this method requires little dexterity in its execution, and is successful in cases where the doctor is called before the head is jammed into the lower strait, it is no small gain on the old practice of fishing for the cord, and trying to poke it back with whalebones, and tapes, and bags, and wreathing it in graceful festoons about the limbs of the fœtus. If all gentlemen would report their cases of prolapsed cord, treated by this method, whether successful or not, we should soon be in a position to compare the old ways with the new, and find perhaps that the postural treatment is an aid in other presentations. Indeed, I see by the Philadelphia Reporter of the 22d June, that Dr. E. R. Maxson, of New York State, gives cases, in the first of which he replaced a prolapsed cord, and converted an abdominal presentation into a cephalic by the aid of this posture.

Being called afterwards to a case of shoulder presentation, he states that he found little difficulty, after placing the woman on her shoulders and knees, in pushing the child's shoulder away from the brim and bringing the head down, keeping it there till it engaged.

If these somewhat crude observations should induce some of the numerous readers of the Journal to favor us with their experience in this matter, the purpose of their publication will be fulfilled.

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#### CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 456.]

##### IMPETIGO.

THIS eruption consists of small pustules; whereas ecthyma and rupia give rise to much larger ones. In both of the last named affections the pustules are at length covered with more or less conical incrustations or scabs. Those of rupia resemble the limpet shell: while those of ecthyma are less regular in their formation, and are without the concentric markings of rupia.

Impetigo, like eczema, is very frequently developed in early life. Indeed it is met with in infants and young children oftener than in persons who have reached a mature age. Like eczema, also, its characteristic features in the young differ from those which it exhibits in the adult. But unlike eczema it is usually quite amenable to a judicious course of treatment. It seems fit that our study of the affection should commence with it as seen in that class of subjects which are first and most frequently attacked. The inflammatory action which gives rise to a particle of yellow pus upon the surface of the derma arises from a deeper portion of its structure than the inflammation which produces the transparent vesicle of eczema. This globule of pus elevates the epiderma very slightly, and thus a flattened pustule is formed. The fluid is pus from the beginning. The pustules of impetigo are minute, distinct or formed into clusters, which burst in three or four days from their development and pour out their contents upon the surface, and become covered with thick, laminated or prominent incrustations.

The disease may appear on any part of the body, but its favorite and most frequent localities are the scalp and the face. This is the case particularly as regards young children. At the commencement of the disease the first abnormal condition consists of unusual redness, tension and thickening and pruritus of the skin where the pustules are about to be developed. These are acuminate, of a light yellowish color, hard, with scarcely any inflammatory areola at the base; they are usually formed into clusters or groups, at other times are sparsely disseminated, being at a distance of half an inch or an inch apart (*impetigo sparsa* of authors). These pustules were denominated *psudracious* by Willan; and nearly all dermatologists since his day have adopted this name. When the scalp is

the seat of the eruption, the occipital and vertical portions are usually the only parts invaded, while the forehead and face remain intact. When the pustules are ruptured and their contents exude, incrustations or scabs are immediately formed of irregular outlines, of a light brown color, with frequently a tint of green. They often break very readily into granular masses of unequal size, and are compared by Alibert to the seeds of certain plants, to broken mortar, or to plaster detached from a wall which has become dirty by moisture and dust. The purulent matter in the process of desiccation seems to pass into a state approaching crystallization, and sometimes the crusts assume an appearance like gypsum; hence Alibert styled them lapidescent. The exudation is exceedingly unpleasant so long as it continues in a fluid state, but the peculiar odor passes off as the secretion dries. In some instances the scabs become the hiding place of numerous animal parasites, which with their constantly increasing progeny prove a source of no slight torment to the child; and the utmost care and cleanliness are required to maintain a decent and bearable condition of the little sufferer. The hair is matted together unless it is properly attended to, and in some cases there is partial alopecia, which, however, is but a mere temporary baldness, and very different from that which takes place in favus and ringworm. The matrices of the hair are not destroyed. They are merely inflamed, and a new crop of hair springs up in a few months, the same as if the parts were never affected. In some instances, the subcutaneous cellular tissue becomes inflamed, and small abscesses form which require to be opened. The foregoing remarks apply more particularly to that variety of impetigo termed by dermatologists, *Impetigo figurata*, and which is more frequently met with on the scalps of young children than the other variety, denominated *Impetigo sparsa*, which will be noticed presently.

The disease has sometimes been mistaken for favus; but the cup-shaped appearance of the crusts in the latter disease is always wanting in impetigo capitis. Hardy classes impetigo with eczema as a sub-division; but we choose to consider it as a distinct affection, although we are free to admit that it is often a result of eczema and has many features in common with it.

If the discharge continues for a long time unchecked and the affection becomes chronic, the incrustations undergo considerable change; and instead of being thin, soft, and yellow, they become thick, hard, dry and brownish and are tinged with particles of blood, are very adherent, and can only be removed by the application of emollient poultices, fomentations or strong alkaline solutions; and when they are detached the secretion, from which they are formed, is found to proceed from numerous points on the surface of the inflamed and denuded corium. The parts in the immediate neighborhood of the crusts continue red, inflamed, shining and tender, and bear traces of the morbid action for several weeks or even months after the



formation of the scabs has ceased; although the eruption seldom leaves any permanent scars or other disfigurement. The constitutional disturbance is rarely of much account, and is merely symptomatic of defective nutrition.

*Impetigo Sparsa.*

This variety or form of the disease is not so common as *impetigo figurata*. It is characterized by the development of small, solitary irregular pustules on different parts of the scalp, and is met with more frequently in children than in adults. In the latter it is a rare disease. Successive pustules appear, attended by itching and heat in the parts. The amount of the incrustation or scabbing depends on the extent of the secretion. It may be thin and yellow, soft or hard. Its character is influenced a good deal by time. In the early period of its formation and when developed on quite young children at the breast, it is soft and moist; hence the terms of *crusta lactea*, *porrigo larvalis*, &c., of the older dermatologists. There is at times much local irritation, and if nothing effectual is done to check the progress of the abnormal action, it will run on indefinitely and the exudation will furnish new supplies for the augmentation of the scabs in size and thickness; and as the disease acquires age, it will increase in obstinacy. The characteristic symptoms of the affection are of course more fully pronounced, more disgusting and more difficult to subdue in children who have been neglected, and in whom it is allowed to continue without any attempts to check it, than they are in patients that are well cared for and kept in a cleanly condition. In the latter, the disease is generally mild in its features and exempt from those disagreeable accompaniments so often encountered among the children of poverty, filth and privation; and when appropriate means are employed it can usually be cured in a few months. When it is seated on the hairy scalp of infants, its duration and the sufferings induced by it are not, *ceteris paribus*, so tedious as when developed in the adult and occupying the arms or legs. In the last named situation it is seen oftener than on any other region, and it is here that it is especially formidable. In very rare and exceptional cases, when the eruption is seated on the scalp, the inflammation extends through the whole thickness of the integument, and indolent ulcers are produced in spite of all efforts to arrest its progress. The lymphatic glands of the neck also become enlarged and painful, when the complaint assumes its worst form, and constitutional symptoms of considerable severity are induced.

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M. VIARDIN has reported three cases of amblyopia caused by smoking. In the treatment of these cases the quantity of tobacco smoked was reduced under the direction of M. Viardin, and the sight was restored in the course of a few weeks.—*Lancet*.

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## TREATMENT OF PNEUMONIA.

*To the Editors of the Boston Medical and Surgical Journal.*

IN your last issue is a report of the proceedings of the late quarterly meeting of the Norfolk District Medical Society. The subject of discussion was the treatment of pneumonia. The discussion was a very interesting one. In the course of it I stated what had been my observation on the disease, and what had been my treatment. My opportunities for observing pneumonia were many, as I had been one of the physicians of the Massachusetts General Hospital for twenty-four years. Among my colleagues was my honored and beloved master of medicine, Dr. James Jackson. I asked Dr. Jackson one day why he bled in pneumonia, citing Mr. John Hunter on Inflammation, &c. "I bleed," said Dr. Jackson, "in pneumonia and pleurisy to diminish pain—agony."

As I have for some time ceased bleeding, I substituted an active medicinal method. Being called to one of the most severe cases of pneumonia I have ever met with, I prescribed as follows:—*R.* Hyd. submur.,  $\mathfrak{D}$  i.; antimon. tart., gr. i.; opii, gr. iv.; mucil. acaciæ gum., q. s. *M.* Ft. pil. No. iv.

CASE II.—Mrs. — had been recently confined. About a fortnight after, I was desired to see her, and found her very ill with double pneumonia. I prescribed the pills above described. Mrs. — had a good recovery. Slight ptyalism occurred. It has been observed that in the puerperal state ptyalism is apt to occur from the use of calomel, even in moderate doses.

I stated the above treatment of pneumonia to a highly respected professional friend of mine. He told me that he had tried it in several cases, of which two were slightly salivated, one of whom was an aged man.

It is well known why small doses salivate. They undergo chemical changes in the stomach, become soluble, and so get to be absorbed. Large doses do not. An old professional friend of mine, now dead, was called to see an old lady who was supposed to be about to die of dysentery. He advised two drachms of calomel to be taken immediately. The dose was taken. He called again next morning and learned that Mrs. — had been faithfully purged, large fecal discharges had occurred, and the dysentery had disappeared. A good and rapid recovery followed, and without ptyalism. So much for heroic medicine.

WALTER CHANNING.

*Dorchester, July 27, 1867.*

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A PRIVATE lunatic asylum has been opened at Alameda, Cal., by Drs. Tucker and Trenor. For a long time the State Asylum at Stockton has been crowded beyond its capacity as a curative institution. There are insane patients enough in California to supply still other establishments.—*Pacific Medical and Surgical Journal.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL  
IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

MAY 27th.—*Disease of the Mitral Valve; great Dilatation of the right Cavities of the Heart.*—Dr. SWAN reported the case and showed the specimen.

Mrs. S. had rheumatic fever twenty years ago. No well-marked attack occurred afterwards, but palpitation and dyspnœa on exertion began ten years ago, and gradually increased of late years. Two years and a half ago, she began decidedly to run down, the cardiac troubles becoming more manifest. Two years ago there was an attack lasting six weeks, with anasarca. An attack in March, 1866, was characterized as follows:—Confinement to bed, with considerable pain in cardiac region and both arms; heart beating very irregularly—an interrupted, fluttering, hurrying and halting action, with indistinctness of the normal sounds, and occasionally something like a systolic rasp at the apex; area of dulness, two or three inches square; thrill on palpation; no anasarca; dyspnœa and occasionally orthopnœa. She had several subsequent attacks, generally brought on by a little over-exertion. The last attack, in May, 1867, was accompanied by general and considerable anasarca, and on the 23d of the same month she died, aged 55.

The autopsy, made on the following day, showed a heart much enlarged, the right chambers greatly dilated, the left auricle somewhat so, the left ventricle normal. The mitral valve was greatly thickened and stiffened, and its orifice reduced to a narrow chink, which barely admitted the tip of the little finger. No other valvular disease. Nearly a pint of blood was removed from the right side and connecting veins. On the other hand, the remarkably healthy lungs were, contrary to expectation, entirely free from anything like congestion or œdema, hypostatic or general. Liver and spleen firm, the latter rather large. Other organs not remarkable.

The case is reported as one in which, notwithstanding the ability of the heart to receive blood from the lungs was reduced to at most a sixth of the normal capacity, the effect of the obstruction was found entirely in the systemic circulation.

MAY 27th.—*Intra-ocular Fibro-plastic Tumor, giving rise to the Symptoms of Glaucoma.*—Dr. HASKET DERBY reported the case.

Mrs. C., aged 52, consulted Dr. Derby January 23d, 1867. She stated that eight years ago the vision of the left eye began to fail, without apparent cause and without any other symptoms than the simple loss of sight. Her general health remained perfectly good. Till within a year, she retained perception of light proceeding from any source above her head, thus showing continued sensitiveness of the lower portion of the retina. Within twelve months this had disappeared. There had been at no time any pain felt till six weeks ago, since when she has suffered constantly from severe pains of a neuralgic character in the left eye and side of the head. The right eye had throughout remained in its usual condition.

On examination, Dr. D. recognized in the left eye the usual symptoms of chronic glaucoma, such as stony hardness of the bulb, en-

gorgement of the ciliary vessels, anæsthesia of the cornea and dilatation of the pupil. The media were not sufficiently clear to allow any view of the fundus. No perception of light.

On the 25th of January, Dr. Derby performed iridectomy upwards for the relief of the pain. The tissue of the iris proved very fragile and broke away repeatedly from the forceps. It was with great difficulty that any amount of it could be excised. All pain in and about the eye ceased. On February 2d, the patient left the city. The anterior chamber was still two-thirds full of blood, which was slowly absorbing.

May 16th, she sent word that since twenty-four hours the left eye had been the seat of pain of a most agonizing description. The pain continued with very little intermission, temporary relief being obtained by the employment of leeches and subcutaneous injections of morphia. There being no symptoms of abatement, I visited the patient at her residence in Gloucester, May 23d. There was violent ciliary redness, a staphylomatous projection of the parts about the incision made at the time of the iridectomy, and complete obliteration of the anterior chamber, the iris being throughout in contact with the cornea and the artificial pupil closed with a whitish membrane. The most distressing pain still continued, and promised to seriously interfere with her general condition. Under the circumstances, enucleation of the eye was proposed by Dr. Derby, and, with the kind assistance of Dr. Davidson, at once performed.

On making a section of the globe, a small, regularly-shaped, hemispherical tumor, some four lines in diameter, was found directly attached to the site of the optic-nerve entrance. It was firmly attached to the sclerotic, and the choroid and retina which covered its surface were easily separable from it.

Dr. ELLIS, of this city, made a microscopical examination, and wrote me: "The growth is one of the most beautiful specimens of pure fibro-plastic or sarcomatous disease that I have ever seen. It is entirely composed of long, fusiform cells, with nuclei and nucleoli."

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EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY.  
BY WM. WARREN GREENE, M.D., SECRETARY.

[Continued from page 480.]

*Ascites.*—Dr. COLLINS reported a case of ascites of obscure origin, occurring in a lady of middle age, in which he removed 118 pounds of serum by tapping. The operation was performed in 1860, and in 1865 she remained perfectly well.

*Tolerance of Opium.*—Dr. HOLCOMB reported a case of cancer of the rectum in which the administration of opium was commenced 6 months before death. The amount was gradually increased, until for some days before death the patient took 60 grains per day. She never exhibited any symptoms of narcotism.

Dr. Allen said that in a case of severe colic, he had given  $\frac{1}{2}$  drachm of morphia in the course of 6 hours. The patient recovered.

Dr. Adams knew a patient suffering under metro-peritonitis who took the equivalent of 18 grs. of opium at a dose.

*Loss of Pulsation in the Brachial Artery.*—Dr. BREWSTER reported

the case. A man standing upon a ladder, clasping the round above his head with both hands, received a severe blow upon the upper part of the right humerus. There was some swelling and ecchymosis, but no fracture, dislocation or paralysis, yet there was no perceptible pulsation for several days in radial, ulnar, or brachial arteries. After a week it began slowly to return, and in two months was nearly as strong as upon the opposite. Dr. B. asked for an explanation.

Dr. Sabin reported a similar affection of the pulse produced by a severe sprain of the shoulder in a child. The recovery, however, was rapid and complete.

*Fractured Clavicle.*—Drs. BREWSTER and HOLCOMB both reported cases of fractured clavicle which they had dressed simply with adhesive straps, according to the suggestions made by Dr. Greene at a previous meeting, in which the success was complete. The dressing was worn without the least inconvenience, and the results were all that could be desired.

*Creosote for Burns.*—At the suggestion of Dr. O. E. BREWSTER, several physicians had tested creosote as an application for burns, and their concurrent testimony was that it almost immediately and completely relieves the pain and smarting. In severe cases the clear creosote may be applied, followed by a dressing of creosote  $\mathfrak{z}\text{i}$ ., simple cerate  $\mathfrak{z}\text{i}$ . M. The ointment is sufficiently strong for most cases, and should be kept in every house.

*Extraordinary Size and Position of the Uterus post partum.*—Dr. SMITH, of Pittsfield, was called to a lady in labor, and found apparently the uterus of ordinary size and shape at full term, occupying the median line, but on the right side extending to the ribs a firm mass which felt like an ovarian tumor or an extra uterine fibroid. Labor went on and delivery was effected, but still this tumor retained its size and position. Upon pressure and manipulation it was distinctly felt to contract under the hand, thus proving it to be a part of the uterus, and it slowly involuted until in a few weeks it was reduced to its normal size.

*Double Hare-Lip.*—Dr. GREENE exhibited a case in which an operation had been successfully performed. He said this was one of the cases where many surgeons would have depressed the central piece, an operation which he thought was too frequently practised. These cases are almost always associated with cleft palate, and oftentimes the unsightly *protuberance*, so called, occupies the proper position of the upper lip in what *should* be the profile outline, the deceptive appearance arising from the flattening of the nose and disappearing as the nostrils are raised and the lateral flaps approximated by free dissection. If cases were more carefully studied, in this particular, the middle portion would be much less frequently interfered with.

*Injuries of the Head.*—Dr. GAMWELL reported the case of a man who received a severe contusion of the scalp and fracture of external plate of left parietal bone by being thrown violently upon the ground. Symptoms of concussion followed. Small splinters of bone were removed and cold water dressings applied. He had recovered perfectly except a permanent double convergent strabismus.

Another case was that of a rail road conductor, who, standing on the platform while the cars were moving, carelessly put his head outside just as the train passed over a bridge, against one of the pillars of

which he struck with great force. There was complete coma for some hours, a severe contusion of the scalp, but no fracture. Free hæmorrhage from the ear. The patient recovered in a few weeks with the exception of complete paralysis of the facial nerve of the injured side. From this he was nearly two years in recovering.

Another case of a man injured by a boiler explosion. In addition to severe scalds and a comminuted fracture of radius and ulna, he sustained a depressed fracture of the skull near the occipito-parietal suture. The depressed fragment, two inches in diameter, was raised and the patient recovered.

*Cancer of the Stomach.*—Dr. ALLEN reported the case. The man, aged 66, had never suffered from nausea or vomiting, nor had there been more than a little pain. The autopsy revealed extensive malignant disease of the stomach.

*Cerebro-Spinal Meningitis.*—Dr. GREENE reported the case of a medical man who for several months had had albuminuria, his urine containing also casts both epithelial and hyaline and pus cells. One morning he was suddenly seized with faintness and loss of consciousness. As this returned, he had some pain in back part of head and neck, with tenderness of the nape on pressure. There was difficulty in swallowing, sometimes amounting to inability, and *total inability to respire*. Although conscious of the necessity of breathing, he had no power to make an inspiration, and even if he was let alone until his face became purple, he could make no effort. For several hours his tongue was drawn forward by a tenaculum, and the respiratory movements stimulated by manipulating the chest and abdomen. During this time he was seized with the most terrible opisthotonic convulsions, which recurred every fifteen, twenty and thirty minutes. These commenced early in the evening and continued till nearly midnight. He was bled freely from the arm (being a strong, muscular man), which was repeated to considerable extent by the bandage being torn from the arm during the spasms, was cupped twice in the nape, *liberally*, which cupping was followed by a powerful blister. He got twenty grains of calomel, with the same amount of jalap, followed in two hours with a full dose of turpentine and oil. He also got three drops of fluid extract of veratrum viride every two hours, and half-grain doses of morphia every three. The following day he was quite comfortable, having slept some and had several discharges from the bowels. In a week he was down stairs, and made a rapid recovery. Now, several months since, he remains perfectly well, nor is there a trace of anything abnormal in the urine. The case was seen by a large number of Berkshire physicians.

[To be continued.]

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### Bibliographical Notices.

*A Practical Guide to the Study of the Diseases of the Eye: their Medical and Surgical Treatment.* By HENRY W. WILLIAMS, M.D. Second Edition, revised and enlarged. Boston: Ticknor & Fields. 1867.

THE first edition of this book, published five years ago, filled an important gap in medical literature. Its aim was to place in the hands

of the great body of students and general practitioners of medicine a concise and clear description of the usual forms of ophthalmic disease, at once minute enough to serve as a real guide to diagnosis and treatment, and yet free from the perplexing minutiae and technicalities which necessarily abound in the elaborate encyclopædic works of Mackenzie and other distinguished masters of ophthalmic science.

Such a task is by no means an easy one, and when most successfully accomplished is most apt to fail of adequate recognition. The truest test of the value of such a work is to be found in its use by the class of persons for whom it is intended, and, tried by this test, Dr. Williams's book has proved a success second to very few productions of the medical press of this country. How hard, indeed, it is to produce a really valuable work of the character of that now under consideration is best seen by comparing it with the best English book of its class, that of Mr. Dixon, which has passed through several British and American editions, but of which it is no disparagement to say that in completeness and in the judicious treatment of its subject, it falls far short of the excellence of its American companion.

But it is not to the student or the country physician only that the present treatise is a necessity. Embodying, as it does, the results of the matured experience of twenty years of exclusive ophthalmic practice, the lessons of its author must be received as *ex cathedra* by other laborers in the same field. To Dr. Williams, indeed, we owe two of the most valuable improvements of modern ophthalmic practice, viz., the banishment of so-called specific, but really blindly empirical, treatment in iritis, and the employment of suture of the corneal wound after the extraction of cataract by the ordinary flap method. The great importance of these two contributions alone must give to the matured opinions of their author upon other points of practice a weight of authority which none can afford lightly to reject, and for this reason, if for no other, the pages of the present volume will be often and profitably consulted by the leaders of our profession as well as by the new recruits.

The book opens with concise but eminently practical introductory chapters upon the examination of the eye and upon remedies and their application. The subject of oblique illumination, the ophthalmoscope, the use of test-letters, and the investigation of limitations of the visual field are treated at a length of about thirty pages, chiefly in an appendix, to which suitable references occur in the proper connection in the text. In the chapter on remedies, we would call especial attention to the recommendation of mild collyria and the polished crayon of sulphate of copper as safe and efficient substitutes for the irritating ointments and dangerous lead and silver solutions which are still far too often and too indiscriminately employed. We regret that the author has not made mention of his crayon of alum, which is certainly a most valuable auxiliary to other remedies.

Chapter IV., on the Affections of the Conjunctiva, presents, in thirty-eight pages, a simple and lucid classification and description of the different forms of ophthalmia, together with an admirable exposition of the best methods of treatment. The lesson taught in this chapter cannot be too often or too strongly inculcated, viz., that in the treatment of the various forms of ophthalmia the first and chief indication is thorough cleanliness in the removal of the morbid secre-



tions, and that, when careful attention is paid to this point, the eyes do far better under the frequent use of very mild collyria, with perhaps an occasional application of the smooth sulphate of copper crayon, than by the use of the strong silver solutions which are still much in vogue. In the chronic inflammations with granular lids, and especially with trachomatous granulations, the rule is patience, with the use of gentle means, as leading most surely and speedily to the most perfect result.

Chapter V., on Affections of the Lachrymal Organs, contains, in ten pages, an admirable *résumé* of the best modern views and practice in this important and formerly excessively troublesome class of cases. In acute catarrh of the lachrymal sac, threatening the formation of external abscess and lachrymal fistula, we can testify from experience to the value of the plan pursued by Dr. Williams. "If the application of warm fomentations does not soon diminish the sensitiveness, and relax the parts sufficiently to allow of the evacuation of the sac by pressure, a fine probe is introduced through the punctum into the sac, which, by bringing the canal into one straight line, generally allows the pus to escape along the side of the probe, or immediately upon its withdrawal, especially if gentle pressure is at the same time made. The discharge of even a small portion of the accumulated matter gives immense relief, by taking off the tension of the parietes of the sac, and the probe may often be inserted a second time, and the evacuation completed with little pain. \* \* \* Should it be impossible to find the opening and introduce the probe, the punctum and canal may be laid open, or the sac itself entered from this direction, with a very narrow knife, rather than to allow the abscess to take its own course, or to relieve it by puncture through the skin."

In the treatment of obstruction in the lachrymal sac or nasal duct, the author follows closely the principles established by Mr. Bowman, judiciously avoiding the very numerous modifications which have been proposed by other writers. Of these modifications it is perhaps not too much to say that not one of them is of any real value, and that the greater part of them are essentially mischievous, and attest either manual awkwardness or ignorance of surgical principles in their authors. The probes used by Dr. Williams differ slightly from those in common use in being made with a bulbous extremity and slender and somewhat elastic in the shank.

Traumatic Injuries of the Eye form the subject of Chapter VI. To the general practitioner this is one of the most important chapters of the book, for in these cases he must often assume the responsibility of immediate action, involving, perhaps, the whole question of the preservation or loss of vision. In this connection, the reader is cautioned against the common error of over-activity in the application of remedies, and especially against the equally common mistake of active constitutional treatment. In punctured or incised wounds of the eye-ball, with protrusion of a portion of the iris, the prolapsed part is to be carefully excised. Wounds of the crystalline lens or capsule require that the eye be placed immediately under the influence of atropia, to prevent adhesions or possible occlusion of the pupil. Especially dangerous are those injuries which are attended by the penetration within the eye of a foreign body, such as a fragment of steel, a bit of a percussion cap, &c. Besides the almost inevitable destruc-



tion of the injured eye which results from such an accident, there is great danger of the insidious development of sympathetic inflammation in the other eye. In cases, therefore, of persistent irritation in the injured eye, it is generally advisable to remove the offending globe, even though the other eye has not yet shown any sign of disease.

Chapter VII., on Affections of the Cornea, while presenting but little of actual novelty, is clear and comprehensive. The subject of syphilitic keratitis, so ably elaborated by Mr. Hutchinson, is well described, and the pathology of the disease illustrated by three drawings of the characteristic notched teeth, taken from actual cases. In staphyloma of the cornea it is recommended, in certain cases, to excise an oval portion of the centre of the staphyloma, uniting the edges of the wound by fine sutures. We have seen this plan tried with marked success, and without material reduction of the size of the eye-ball.

Chapter VIII., on Affections of the Sclerotica, contains an account of Mr. Critchett's operation of abscision of the anterior part of the globe. Another plan, which is, we believe, peculiar to the author, is the excision of only an oval portion from the centre of the staphyloma, bringing the edges of the wound together afterwards by means of fine sutures. This mode of operating is suited chiefly to those cases in which the staphylomatous tissue is tolerably firm, and where the removal of the entire thinned portion would involve too great reduction in the size of the globe. The advantages of preserving the eye-ball as nearly as possible of its normal dimensions are very great, both in supporting the eye-lids where no artificial eye is worn, and in affording a better and more movable support for an artificial eye. Posterior staphyloma, together with its pathology and ophthalmoscopic appearances, are also described in this chapter.

Of Chapter IX., on Affections of the Iris, we owe much to the original observations and research of the author. Dr. Williams's papers on the treatment of iritis without mercury, published twelve years ago in this JOURNAL, have been widely quoted, and have already worked a very general change in treatment throughout the civilized world. In all stages of the disease the one great indication is to keep the pupil well dilated, using, if necessary, solutions of atropia as strong even as ten grains to the ounce, and repeating the application as often, in some cases, as every half hour. Under the use of these strong solutions, and sometimes even of minute portions of atropia in powder, we have repeatedly succeeded in dilating the pupil in all stages of the disease, and can bear testimony to the fact that the supposed inefficiency of mydriatics under these circumstances is, in most cases, evidence only that they have been inefficiently employed.

Chapter X., on Affections of the Crystalline Lens, is of course devoted chiefly to cataract. In cases of congenital cataract, where there is a sufficient marginal zone of transparent lens-substance, iridesis is recommended rather than iridectomy, a preference in which we agree as affording a much better optical result without increased risk to the eye.

Of the various operations for hard cataract, Dr. Williams is an advocate of the ordinary flap extraction, but with the very important and original addition of placing a single point of suture in the middle

of the flap. Certainly, in his hands, the statistics of this method fully justify his preference, while in perfection of result, as symmetry of the cornea, and central and active pupil, his operations have never been surpassed and seldom equalled. We consider Dr. Williams as in the foremost rank of living authorities in all matters pertaining to cataract operations, and look with confidence to him for still further improvements in practice.

The remarks favoring the use of anæsthetics in cataract operations are of especial authority in view of the extended experience on which they are based.

Passing over the chapters on Affections of the Vitreous, and on Operations for Artificial Pupil, we come to Chapter XIII., on Affections involving the entire Globe. Twelve pages, devoted to the important subject of glaucoma, contain a judicious *résumé* of modern views and practice. In one important point we fully agree with Dr. Williams in opposition to high authority abroad, viz., to perform the iridectomy *upwards*, as well for cosmetic reasons as to avoid the daz-  
zling caused by an excessive influx of light into the eye.

Other sections are devoted to ophthalmitis, and to sympathetic inflammation of the eye. Under the latter head, we are warned, however, not to let our fears of sympathetic trouble betray us into the error of hastily sacrificing every eye which has suffered a considerable injury, even of the ciliary region, for such cases often do well under simple treatment.

Chapters XV. and XVI., on Affections of the Choroid and Retina, although brief, are accurate, and as minute as is desirable in an elementary work.

Chapter XXI. treats of certain forms of Asthenopia not connected with refractive or muscular insufficiency.

Chapter XXII., on Strabismus, is based upon the able investigations of Donders, and contains much which will be received as exceedingly novel and interesting to the general reader.

An Appendix of eighty-two pages, reprinted for the most part from the author's essay on "Recent Advances in Ophthalmic Science," contains an account of the ophthalmoscope, the function of accommodation, and the accommodative and refractive defects of the eye. These subjects are exceedingly well treated, and are illustrated by numerous original and neatly engraved wood-cuts. The test-letters appended to the book are based on the series of Snellen, but are simplified in form. Another series is given, of ordinary type, varying from "brilliant" to "pica," and corresponding to the first ten numbers of Jaeger's schrift-scalen. Of this part of the book, as indeed of the whole work, we can only say that it is thoroughly up to the times, and is presented in a most attractive and interesting manner. In point of usefulness, this second edition more than fulfils the promise of the first, and furnishes by far the best introduction to ophthalmology with which we are acquainted. G.

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THE corner stone of a new Lunatic Asylum for the State of Connecticut was recently laid, with imposing ceremonies, in Middletown, which city has given 150 acres of excellent land for the use of the institution, and 80 acres in addition have been purchased by the State.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: WEDNESDAY, JULY 31, 1867.
 

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## THE CAUSE OF INTERMITTENT FEVER.

IN the course of a recent correspondence with Dr. Salisbury on the subject of his discovery of the cause of Intermittent Fever, we have received some information of much interest which we are permitted to lay before our readers.

The question has been asked, granting that the cryptogamous plants which Dr. Salisbury regards as the cause of Intermittent Fever are found growing in districts confessedly malarial, do not malarial diseases occur in regions where these algoids are not found? To this inquiry Dr. Salisbury replies:

"I have not found the *Ague Palmella* growing to any extent in any locality that is not malarial; and I never have found a malarial district or locality that did not produce one or more species of the plants described in my monograph."

\* \* \* \* \* "I have much very interesting matter, confirmatory of what has been given to the public, that is not yet published." \* \* \* \* \*

"All my experiments thus far go to substantiate the statements already published. So far as I have heard from careful and honest observers, men who can pursue investigations without prejudice and without being biassed by preconceived views and theories, my labors have been sustained."

"The *Ague* plants develop on and just beneath the surface of soils, in certain localities, where the soil and hygrometric conditions are suited for their development. They grow as prolifically upon a sand bed as upon boggy soils, providing the proper conditions are present. They begin to develop in profusion in this climate (Cleveland, Ohio), early in July, and continue to grow luxuriantly until the early frosts."

"As the plants mature they burst and discharge their spores, which accumulate in vast multitudes on the surface of the soil, presenting the appearance often of an incrustation of flour, lime or brick dust, thinly or thickly scattered."

"I have plants collected from all parts of the west, carefully preserved in tin boxes and labelled. From these I have made many drawings, which are nearly ready for publication."

We have received from Dr. Salisbury specimens of two of his species of *Ague* plants, the *Gemiasma rubrum* and *verdans*. The former reached us in an unsatisfactory condition, but of the latter we have had the opportunity of studying, under the microscope, the growth to maturity and bursting of the spore sacs in the most satisfactory manner. It corresponded in its various stages most precisely with the drawings which Dr. Salisbury was kind enough to send us. In answer to an inquiry whether he finds these plants in the blood—as the impossibility of such a thing without very grave if not fatal results has been urged as one of the points of criticism of his theory, and in objection to his statement that he had found them growing in the urine—Dr. Salisbury informs us that he does, and accompanies his statement with a drawing, representing them as they are found in the circulation. They differ in no respect from the plants in their natural habitat except in the

want of color. They appear as large cells, with "double walls, with a narrow, intervening space. This is not always evident, but generally is. There is no nucleus. The plants are filled with spores and spermatia. They are from two to four times the diameter of colorless corpuscles, and stand out with a strong outline like the *ova of entozoa*. I wish I could show you a plant in the blood; you would never mistake it afterwards for anything else, it is so peculiar and distinctly marked."

"One very interesting fact I have noticed—which explains the use of quinine in ague—and that is, where patients have taken it for some time and in considerable doses, the plants in the blood seem almost entirely empty of spores. It seems to destroy their power to produce the reproductive elements. The paper already published is only a brief of my investigations. I intend soon to have something more ready."

All this is very interesting, and is evidence of the thoroughness of Dr. Salisbury's investigations, while it fully substantiates his claim to all the honor belonging to this very remarkable discovery. As an evidence of the extent of his researches on this and kindred subjects, we quote one more passage from one of his letters.

"I have some matter," he says, "connected with blood examinations (microscopic) that is of very great interest to me, and I think will equally interest the profession. This I am getting ready for publication. I have made, up to the present time, over *thirty-five thousand* careful microscopic examinations of blood, where I have made drawings and notes. The developments, in throwing light upon disease, are most interesting."

This is comparatively a new field of pathological study, and the profession will await with impatience the results of such unparalleled research.

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DR. NORTON FOLSOM, the temporary Superintendent of the Asylum for the Insane at Taunton, writes us:—

So far as bodily condition is concerned, this is a remarkably healthy place. Among over 400 patients and employées, there is but one case of acute disease, and to-morrow there may be none. Not more than twenty are taking medicine at all, and of these at least one half take a placebo; the others, stimulants and tonics. We have but *three* cases of phthisis that I have detected, though the statement has been made that it is very common among the insane. I have *no* patient using morphia continuously; several, where the practice, acquired elsewhere, has been broken off with extremely good result. I have found that it is far the best way to omit it *at once*. "Tapering off" is of no advantage, and prolongs the distress.

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*Facial Neuralgia.*—Messrs. Editors:—Two cases of Facial Neuralgia reported in last week's JOURNAL, both cured—one by a single subcutaneous injection, the other by the use of the bromide of potash—were of much interest to me, as I have been treating an obstinate case for more than a year, where the above remedies have failed.

Mrs. P., aged 35, mother of three children, was attacked over a year ago with severe neuralgic pain in the infra-orbital region. She had suffered for several months from a deranged state of the digestive organs, and had severe erysipelaous inflammation in the face and on the right arm during the winter previous.

She has been through with all the usual tonics, had carious teeth removed, changed her location, been actively purged, etc. For the last month she has been taking Bromid. Potass., grs. xv. daily. She has also had from one to three hypo-

dermic injections of morphia every day since her first attack. This has always afforded temporary relief, while nothing else has.

Her pain is not always in the region named, but often through the temples, sometimes in the limbs and frequently through the region of the liver. Appetite poor; tongue lightly coated; bowels costive; is not much emaciated, and has not a very sickly looking countenance. Works a little every day, though she lies abed a greater portion of the time.

A full report of this case was read before the Connecticut River Valley Medical Association last April, at which time active purgation was suggested by the President, Dr. Crosby, and was afterwards tried.

The case remains, and still asks for a remedy.

*Walpole, N. H., July 30, 1867.*

A. P. RICHARDSON, M.D.

*Consanguineous Marriages.*—We commend the following important circular to our readers, hoping it may receive the attention it deserves. We hope that any one cognizant of marriages of blood relations, where there is no apparent unfavorable result in the offspring, will communicate the facts to the Committee, as the attention of medical men is too apt to be turned in the opposite direction only.

118 W. HOUSTON ST., NEW YORK, July, 1867.

SIR,—At the late meeting of the "Medical Society of the State of New York," it was resolved: "That a Committee be appointed to investigate and report upon the result of consanguineous marriages, &c."

If such marriages come under your observation, you will confer a favor by answering the following questions, and transmitting such report, before November next, to the undersigned, one of the Committee appointed:—

1. Name (initials) and age of husband.
2. Nativity.
3. Age when married.
4. Constitution.
5. Health, deformities, peculiar diathesis.
5. Health of his family, hereditary diseases, deformities, &c.
7. Name (initials) and age of wife.
8. Nativity.
9. Age when married.
10. Constitution.
11. Health, deformities, peculiar diathesis.
12. Health of her family, hereditary diseases, deformities, &c.
13. How are the parties related to each other?
14. How long married?
15. How many children, or sterility?
16. Abortions; cause; how many, and at what period?
17. Children died, at what ages and from what diseases?
18. The constitution, age and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, &c.
19. Remarks and other information.

Hoping to receive your valuable coöperation for the advancement of medical science, I remain yours, most respectfully,

ROBERT NEWMAN, MD.

*Disinfectants.*—Although the efficacy of disinfectants is generally admitted by the highest chemical authorities at the present day, there are still those who doubt their power, or think that it is limited to the destruction of "bad smells." Whether this latter property is not protective against some forms of disease we shall not stop to inquire now, but content ourselves with copying the following

interesting extract from a recent number of the *London Medical Times and Gazette*. It is taken from an article on the Cattle Plague and Disinfectants. Mr. Crookes, of whom the writer speaks, is Editor of the *Chemical News*, and Fellow of the Royal Society. After quoting him as showing the extreme inefficiency of chloride of lime as a disinfectant, the writer says:—

Mr. Crookes has shown that there exist in sulphurous acid and carbolic acid substances which are absolutely destructive of every kind of living thing of low organization, such as cattle plague virus is supposed to be—that these substances not only destroy the virus, but attack it at once, and, moreover, arrest all tendency to putrefactive decomposition in animal matters with which they are mixed. But even this is not all that his observations have brought to light, for the deductions of the philosopher have been thoroughly borne out by the observation of the practical sanitarian. Mr. Crookes is a scientific chemist, but this is no reason why his practical observations are to be ignored. In his Report to the Cattle Plague Commissioners several striking instances of the value of these disinfectants are recorded. We will only quote one of them, however, leaving our readers to consult the original report (Appendix to the Third Report of the Cattle Plague Commissioners, p. 194) for the remainder. The instance we refer to is of the nature of a crucial experiment. The farm of a Mr. Lowe, in Cheshire, was situated in the centre of one of the most affected localities in England. The stock consisted of 73 animals—45 milch cows, kept in houses which were regularly disinfected, and 15 two-year-old heifers and 13 yearling calves kept in fields and open sheds. To these latter no disinfectant whatever was used. This was in December, 1865. The disease prevailed severely all round, but no case occurred at Mr. Lowe's farm until February, when a man who had attended a post-mortem examination of some diseased beasts came directly and milked some of the cows. Four cases (three of the cows milked by the man, and one case from further infection) were all that occurred among the 45 cows, and the carbolic acid used in the sheds seemed rather to have improved their health. The same man prepared food for the beasts in the field who were unprotected, and in a fortnight every one of them was dead.

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*Apt Repartee.*—In a letter from Dr. D. Clark, published in the *Medical and Surgical Reporter*, giving an account of the annual meeting of the Indiana State Medical Society, we find the following:—

The Society met this time for *work*, and no time was spent uselessly in entertainments. There was the usual play of wit and repartee. The corpulent host of the Palmer House rallied Dr. KERSEY, the President, on his lean and pallid appearance. "*The Doctor had doubtless made a mistake, and taken some of his own medicine.*"

Presently the host went on to remark on his own fatness as an inconvenience, and wished he could in some way bring about a reduction of his corpulence. "*For that purpose,*" gravely remarked the Doctor, "*I should advise that you put yourself on a course of your own victuals.*" "*Mine host*" acknowledged himself second-best in the joke.

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*Report of a Committee of the French Academy of Medicine on the Cholera in France in 1849.*—The report of this Committee has just been presented to the Academy by M. Briquet. It is a document of 1000 pages, and is amply illustrated by maps and plans. It is not yet in print. An abstract has been published in the *London Medical Times and Gazette*, which contains the general conclusions of the Committee. Of the manner of propagation of the disease, the Committee say: "When this takes place by land, this is effected from person to person (*proche à proche*). By sea, on the other hand, it is effected at more or less great distances, and the first localities attacked have generally been ports for merchant vessels."

M. Guérin, one of the Committee, in a recent number of the *Gazette Médicale*, says:—

“Every one, at least with few exceptions, is at the present day agreed that the cholera is propagated by contagion, reserve being made with respect to the unity or multiplicity of its origins. Holding such convictions, is there no means to do for the cholera what has been done with such brilliant success, under the auspices of our eminent colleague, M. Bouley, for the cattle plague? All sick or suspected animals were at once immolated; and while we should not demand such a procedure in the case of our poor cholera patients, we might immediately, as fast as they become attacked, remove them out of Paris into isolated, well-aired abodes, subjected to a system of ventilation calculated to destroy on the spot cholera emanations. Surely this would give every chance of preventing the formation of centres of infection, and of cutting off those first attacked from being the points of departure for new explosions. We recommend the idea to the attention of the hygienic council; but in order that the experiment may succeed, it is essential that it shall be tried on the very first manifestation of the return of the disease, and continued with perseverance to the last.”

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*Degeneration of the French.*—The correspondent of the *London Times and Gazette*, writing from Paris, quotes M. Broca as combating the statement that the stature of the French people is steadily diminishing. From his reported remarks we take the following:—

“The alleged degeneration of the French race has been attributed in turn to various causes—as the prevalence of syphilis, the extension of vaccination, debauchery, the abuse of tobacco and alcoholic drinks, and to the forced celibacy which the conscription condemns the male population to during seven years of its greatest activity. It was in the year 1854 the alarm was first sounded, as in that year the number of deaths exceeded that of the births by 69,300; but that year was an exceptionally unfavorable one, owing to the prevalence of war and cholera, and the high price of bread. The number of marriages also for that year diminished by 10,000. With respect to marriages also it has been truly stated that they have become less fertile than heretofore; but this is not the case to the extent supposed, the number of children per marriage having, in fact, only declined from 4.02 to 3.16. It is to be remembered that the age at which marriage takes place is much later than formerly; for while it used to be at from 20 to 25, now, although some do still marry at between 25 and 30, the great bulk do not do so until between 30 and 40. Soldiers are, indeed, prohibited marrying before 27.

The mere number of births is a bad criterion, and it is of more importance to ascertain the numbers that arrive at adult age. In this respect France has been progressively increasing, so that she can show an increase of 10,000,000 in a half-century, notwithstanding wars, revolutions and other disasters. As contemporaneously with this increase there has been a slight decrease of births, it is evident that the increase is due to increased vitality. According to the calculations of M. Bertillon, there has been a gain of ten years since the commencement of the century. The number of infants surviving at five years and that of adults surviving at twenty have undergone a similar progression. But not only have they survived, but they are well constituted, as shown by their military aptitude; for, according to M. Boudin's calculations, this has increased from 63 per cent. in 1831, to 67 in 1864, although the examinations of late years have become much more rigid. The number of exemptions for deficiency of height diminished from 928 per 10,000 in 1831, to 533 in 1864. The exemptions for infirmities amounted to 3196 per 10,000 in 1831, and only to 2762 in 1864.

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*The Hospital “Salpêtrière” in Paris.*—Rev. Dr. Bellows, in one of his interesting letters from Europe, published in the *Liberal Christian*, gives the following description of the famous *Salpêtrière*:—



To begin with charities, let me give a brief account of the "*Salpêtrière*," a sort of almshouse and hospital, which, for more than two hundred years, succor and shelter, food and medicine have been freely furnished to aged women, beyond the years or without the ability to support themselves. There are here within the city boundaries, and in an enclosure, one side of which is a mile long, forty-five separate buildings devoted to this purpose. A beautiful park and flower-garden, a large church, ample and cleanly dormitories, bakeries, kitchens, a washing department, wards for the bed-ridden, for the insane, for the incurable, as well as comfortable accommodations for merely outworn and feeble old women, present an affecting evidence of the care the government has for utterly helpless and superannuated poverty and misfortune. Excellent ventilation, good arrangements for heating, various and agreeable food, ample space for exercise and relaxation in the open air mark the establishment. A spirit of humanity, exemption from needless discipline, freedom of ingress and egress, with due attention to the taste for what is beautiful, are other delightful characteristics of this vast refuge for infirmity. The only punishment for disorderly behavior is expulsion from the advantages of the hospital, for a longer or shorter period. The size of the grounds may be inferred from the fact that sixty thousand visitors were expected to participate in the "*Fête Dieu*" (Corpus Christi) which the inmates were preparing, by the erection of floral altars, to celebrate on the next Sunday. There are beds for six thousand women in this grand hospital, which boasts of being the largest in the world.

*Pseudo-membranous affections in the Paris Hospitals during the month of May last.*—There were three cases of croup operated on, and all three cured, by Mr. BERGERON at Sainte-Eugénie. In the same Hospital—service of M. BARTHEZ—there were five cases of croup, with tracheotomy three times, succeeding twice.—*Union Médicale.*

DR. H. F. DAMON has been elected Admitting Physician to the Boston City Hospital, in place of Dr. George Derby, recently elected as one of the Visiting Surgeons.—At the Commencement in the Medical Department of the University of Vermont, in Burlington, recently, the degree of M.D. was conferred on twenty-three candidates.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 27th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week - - - - -	50	56	106
Ave. mortality of corresponding weeks for ten years, 1856-1866	51.5	43.1	94.6
Average corrected to increased population	00	00	104.31
Deaths of persons above 90 - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—A New Treatment of Lead Poisoning. Translation by W. F. Munroe, M.D.—On Pulsatilla. By John C. Peters, M.D.

DIED.—In San Francisco, Cal., April 16th, B. B. Coit, M.D., aged 66 years; May 1st, Benj. W. Hathaway, M.D., aged 54 years; May 13th, Benjamin Ober, M.D., aged 61 years.

DEATHS IN BOSTON for the week ending Saturday noon, July 27th, 106. Males, 50—Females, 56. Accident, 2—anaemia, 1—aneurism, 1—apoplexy, 2—infammation of the bowels, 3—disease of the brain, 2—bronchitis, 4—cancer, 2—cholera infantum, 18—cholera morbus, 1—consumption, 17—convulsions, 2—croup, 1—cyanosis, 1—diarrhoea, 8—diphtheria, 1—dropsy of the brain, 3—drowned, 1—dysentery, 2—scarlet fever, 7—gastritis, 1—disease of the heart, 2—insanity, 1—disease of the kidneys, 1—disease of the liver, 1—marasmus, 1—measles, 1—paralysis, 1—premature birth, 4—scrofula, 1—smallpox, 3—unknown, 9. Under 5 years of age, 56—between 5 and 20 years, 12—between 20 and 40 years, 13—between 40 and 60 years, 16—above 60 years, 9. Born in the United States, 80—Ireland, 14—other places, 12.



